


Form B	KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM FOR ANIMAL WASTE MANAGEMENT Permit Application			 Division of Water
NAME OF FACILITY:		AGENCY USE ONLY		
PERMIT NO.:		COUNTY:		
TYPE OF BUSINESS: (check one) <input type="checkbox"/> Concentrated Animal Feeding Operation (Complete Sections I, II, III, IV, V, VI, VIII, and IX) <input type="checkbox"/> Concentrated Aquatic Animal Production Facility (Complete Sections I, II, VII, VIII, and IX)				
This is an application to: (check one) <input type="checkbox"/> Apply for a new permit. <input type="checkbox"/> Apply for reissuance of expiring permit. <input type="checkbox"/> Modify an existing permit. * (Give reason for modification under Section II.)				
I. FACILITY AND CONTACT INFORMATION				
Name of facility, business, company, etc. requesting permit:				
Owner/Contact Name and Title:				
Owner/Contact Mailing Address:				
Owner/Contact City, State, Zip:				
Owner/Contact Telephone Number:				
Owner/Contact Email Address:				
Integrator/Contractor Name and Title:				
Integrator/Contractor Mailing Address:				
Integrator/Contractor City, State, Zip:				
Integrator/Contractor Telephone Number:				
Integrator/Contractor Email Address:				
II. FACILITY LOCATION AND DESCRIPTION				
Facility Location (street, road, highway, etc.):				
Facility City, State, Zip:				
Facility Site Latitude (Decimal Degrees):				
Facility Site Longitude (Decimal Degrees):				
Provide a brief description of activities, products, etc.:				
Principal SIC Code and description:				
Other SIC Codes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Reason for modifying existing permit:

III. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

Type of Animal	Average Live Weight of Animals	Number of Animals In Open Confinement	Number of Animals Housed Under Roof
<input type="checkbox"/> Mature Dairy Cows			
<input type="checkbox"/> Dairy Heifers			
<input type="checkbox"/> Veal Calves			
<input type="checkbox"/> Cattle (not Dairy or Veal Calves)			
<input type="checkbox"/> Swine (55 lbs. or over)			
<input type="checkbox"/> Swine (under 55 lbs.)			
<input type="checkbox"/> Horses			
<input type="checkbox"/> Sheep or Lambs			
<input type="checkbox"/> Turkeys			
<input type="checkbox"/> Chickens (Broilers)			
<input type="checkbox"/> Chickens (Layers)			
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other (specify):			
TOTAL NUMBER OF ANIMALS			

IV. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

<input type="checkbox"/> How much manure, litter, and wastewater is generated annually by the facility?
<input type="checkbox"/> tons annually
<input type="checkbox"/> gallons annually
<input type="checkbox"/> If land application is used, complete the following.
Owner of Property:
Total number of acres under control of applicant available for land application:
<input type="checkbox"/> tons annually applied to land
<input type="checkbox"/> gallons annually applied to land
<input type="checkbox"/> If manure, litter, or wastewater is transferred off-site, complete the following.
Name of Receiving Person/Facility:
<input type="checkbox"/> tons annually transferred off-site
<input type="checkbox"/> gallons annually transferred off-site

IV. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE (continued)

☐ If containment and storage are used, complete the following.

Type of Containment	Total Capacity in Gallons	Total Acreage that Drains into Containment
<input type="checkbox"/> Lagoon		
<input type="checkbox"/> Holding Pond		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Other (specify):		
Type of Storage	Total Number of Days Stored	Total Capacity (Indicate gals or tons)
<input type="checkbox"/> Anaerobic Lagoon		
<input type="checkbox"/> Storage Lagoon		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Above Ground Storage Tank		
<input type="checkbox"/> Belowground Storage Tank		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other (specify):		

V. NUTRIENT MANAGEMENT PLAN

Has a Nutrient Management Plan been developed for the facility and is it enclosed with application? Yes ☐ No ☐

Is the Nutrient Management Plan being implemented for this facility? Yes ☐ No ☐

If no, when will the Nutrient Management Plan be developed?

NOTE: The permit application is not complete until a Nutrient Management Plan is submitted to KDOW.

What is the date of the last review or revision to the Nutrient Management Plan?

If not land applying, describe alternative use(s) of manure, litter, and /or wastewater:

VI. BEST MANAGEMENT PRACTICES FOR LAND APPLICATION

For land application, which best management practices are being implemented to control runoff and protect water quality? Check all that apply.

<input type="checkbox"/> Buffer	<input type="checkbox"/> Setbacks	<input type="checkbox"/> Conservation Tillage	<input type="checkbox"/> Constructed Wetlands
<input type="checkbox"/> Infiltration Field	<input type="checkbox"/> Grass Filter	<input type="checkbox"/> Terrace	<input type="checkbox"/> Other (specify):

VII. CONCENTRATED AQUATIC ANIMAL PRODUCTION OPERATION CHARACTERISTICS

- ☐ For each outfall, give the maximum daily flow, maximum 30-day flow, and the long-term average flow.

Outfall Number	Maximum Daily Flow in gallons/day	Maximum 30-Day Flow in gallons/day	Long-Term Average Flow in gallons/day

- ☐ Indicate the total number of ponds, raceways, and similar structures in your facility.

☐ Number of ponds:

☐ Number of raceways:

☐ Other structures (specify) and number:

- ☐ Provide the name of the receiving water and the source of water used by your facility.

☐ Receiving water name:

☐ Water source name:

- ☐ List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.

Cold Water Species Harvestable Weight

Species	Total Yearly in pounds	Maximum in pounds

Warm Water Species Harvestable Weight

Species	Total Yearly in pounds	Maximum in pounds

- ☐ Report the total pounds of food fed during the calendar month of maximum feeding.

☐ Month:

☐ Pounds of food:

VIII. ATTACHMENTS	
<input type="checkbox"/> Attach Nutrient Management Plan if Large AFO.	
<input type="checkbox"/> Attach payment.	
IX. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
PRINTED NAME AND TITLE:	
SIGNATURE:	DATE:
TELEPHONE NO.	EMAIL:

Return completed application form and attachments to:

Division of Water

Surface Water Permits Branch

300 Sower Boulevard, 3rd Floor

Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-341

